

**House File 467 - Reprinted**

HOUSE FILE 467  
BY COMMITTEE ON HEALTH AND  
HUMAN SERVICES

(SUCCESSOR TO HF 226)

(As Amended and Passed by the House March 21, 2023)

**A BILL FOR**

1 An Act relating to primary health benefit plans, claims for  
2 reimbursement, and explanation of benefits.  
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1     Section 1. NEW SECTION. 147.164 Health benefit plans —  
2 claims.

3     1. As used in this section, unless the context otherwise  
4 requires:

5     a. "*Covered person*" means the same as defined in section  
6 514J.102.

7     b. "*Health benefit plan*" means a policy, contract,  
8 certificate, or agreement offered or issued by a health carrier  
9 to provide, deliver, arrange for, pay for, or reimburse any of  
10 the costs of health care services.

11    c. "*Health care professional*" means a physician or other  
12 health care practitioner licensed, accredited, registered, or  
13 certified to perform specified health care services consistent  
14 with state law.

15    d. "*Health care services*" means the same as defined in  
16 section 514J.102.

17    e. "*Personal representative*" means the same as described in  
18 45 C.F.R. §164.502(g).

19    2. A health care professional who provides health  
20 care services to a covered person shall submit a claim for  
21 reimbursement to the primary health benefit plan designated  
22 by the covered person or the covered person's personal  
23 representative prior to submitting a claim for reimbursement to  
24 any other health benefit plan designated by the covered person  
25 or the covered person's personal representative.

26    Sec. 2. NEW SECTION. 514A.16 Explanation of benefits —  
27 secondary health benefit plans.

28    1. As used in this section, unless the context otherwise  
29 requires:

30    a. "*Covered person*" means the same as defined in section  
31 514J.102.

32    b. "*Explanation of benefits*" means a statement provided to a  
33 covered person by the covered person's health benefit plan that  
34 explains the costs that the health benefit plan will cover for  
35 the health care services received by the covered person.

1     *c. "Health benefit plan"* means a policy, contract,  
2 certificate, or agreement offered or issued by a health carrier  
3 to provide, deliver, arrange for, pay for, or reimburse any of  
4 the costs of health care services.

5     *d. "Health care services"* means the same as defined in  
6 section 514J.102.

7     *e. "Personal representative"* means the same as described in  
8 45 C.F.R. §164.502(g).

9     2. If a covered person, a covered person's personal  
10 representative, or a covered person's secondary health benefit  
11 plan request a copy of an explanation of benefits from a  
12 covered person's primary health benefit plan, the primary  
13 health benefit plan shall provide a copy of the explanation of  
14 benefits no later than thirty calendar days from the date of  
15 the request.